

Preparing for Payment Cuts: Navigating the MIPS Maze

Part II



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Objectives



Differentiate Fee-for-Service vs Value-Based healthcare payment models



Identify requirements for participation and reporting under the CMS Merit-based Incentive Payment System (MIPS)



Identify quality measures in the CMS MIPS designated measures set for audiology

AQC Groups and Designated Representatives

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Purpose of AQC



Collaborate on the modification and/or development of audiology quality measures for use in the CMS Merit-Based Incentive Payment System (MIPS) and with other health care payers.



Monitor the status of audiology quality measures for reporting under MIPS and other health care payers.



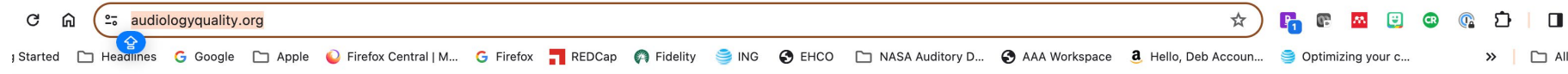
Respond to proposed rules and measure changes by CMS and other measure owners on behalf of the audiology community.



Educate audiologists regarding audiology quality measures and MIPS reporting requirements.

AQC website

https://audiologyquality.org/



Search this website

[Home](#) [About AQC](#) [Merit-Based Incentive Payment System \(MIPS\)](#) [MIPS Measures](#) [Reporting](#) [Adjustments/Appeals](#) [Resources](#)

Clinical Practice Improvement Activities

QUALiTY

Quality Measures Audiologists Can Report On

- Acute or chronic dizziness
- Documentation and verification of current medications in the medical record
- Screening for clinical depression and follow-up plan



Measure Reporting Mechanisms

| Measure Number | Description | Part B Claims | CQM | eCQM |
|----------------|---|---------------|-----|------|
| 130 | Documentation of Medications in the Medical Record | No | Yes | Yes |
| 134 | Screening for Depression and Follow Up Plan | Yes | Yes | Yes |
| 155 | Falls: Plan of Care | No | Yes | No |
| 181 | Elder Maltreatment Screen and Follow Up Plan | Yes | Yes | No |
| 182 | Functional Outcome Assessment | No | Yes | No |
| 226 | Tobacco Use: Screening and Cessation Intervention | Yes | Yes | Yes |
| 261 | Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness | Yes | Yes | No |
| 317 | Screening for Blood Pressure and Follow Up Documented | Yes | Yes | Yes |
| 318 | Screening for Future Falls Risk | No | No | Yes |
| 431 | Unhealthy Alcohol Use: Screening and Brief Counseling | No | Yes | No |
| 487 | Screening for Social Drivers of Health | No | Yes | No |
| 498 | Connection to Community Service Provider | No | Yes | No |

Registry Reporting

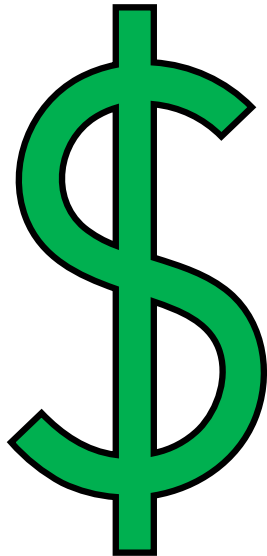
The following are some examples of registries for reporting MIPS data

- Qualified Clinical Data Registry (QCDR)
 - Healthmonix – specialty specific and general MIPS measures
- Qualified Registry: upload data from EHR system
 - Reg-ent – AAOHNS
 - Must have EHR
 - *May* require an associate membership in AAO-HNS
 - MDInteractive
 - EHR or registry quality measures
 - \$199 per provider

MIPS Eligibility Standards

Practice Setting

- Outpatient non-facility settings



Mandatory Reporters

Low Volume Thresholds

- Bill \$90k or more in allowed Medicare Part B charges
AND
- See 200 or more distinct Medicare Part B beneficiaries
AND
- Provide 200 or more covered Medicare Part B services

Anatomy of a Quality Measure

- Description
- Collection Type
- Instructions
 - Summary of reporting requirements
 - Reporting frequency
- Denominator
- Numerator
 - Definitions
 - Numerator options
- Rationale

Description

Measure 130: Documentation of Medication

"Percentage of visits for patients aged 18 years or older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter."

Collection Types

- Claims based: 5
 - Box 24D of HCFA 1500
- CQMs: 11
 - MIPS Registry/EHR
- eCQMs: 5
 - EHR



Instructions

- Reporting frequency
 - Every visit?
 - Once per reporting period?
- Diagnosis and procedure codes associated with the measure?
- Will state whether multiple performance rates must be achieved for the measure
 - Measure 226
 - Measure 431



Multiple Performance Rates

Performance for measures 226 (tobacco use) and 431 (unhealthy alcohol use) is calculated with 3 performance rates:

- Percentage of patients screened
- Percentage of patients positively identified who received intervention/counseling
 - Only applicable if positively identified by the screening
- Percentage of patients screened, and if positively identified, received intervention/counseling
 - Provides a comprehensive look at overall performance of the screening

Denominator

Defines the patient population that is eligible for the measure

- Reporting frequency
- Age
- CPT codes included in the measure
- ICD-10 codes associated with the measure, if indicated

Numerator

Details the actions that must be completed to meet reporting requirements

- Definitions – MUST READ
- Numerator options
 - Codes that describe clinician actions taken
 - Will determine whether the provider meets reporting requirements
 - PERFORMANCE NOT MET

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Wait, why'd we decide that?

Rationale



Examples

<https://qpp.cms.gov>

Elder Abuse Suspicion Index

| ELDER ABUSE SUSPICION INDEX © (EASI) | | | |
|--|-----|----|----------------|
| EASI Questions | | | |
| Q.1-Q.5 asked of patient; Q.6 answered by doctor | | | |
| Within the last 12 months: | | | |
| 1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals? | YES | NO | Did not answer |
| 2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with? | YES | NO | Did not answer |
| 3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened? | YES | NO | Did not answer |
| 4) Has anyone tried to force you to sign papers or to use your money against your will? | YES | NO | Did not answer |
| 5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? | YES | NO | Did not answer |
| 6) Doctor: Elder abuse <u>may</u> be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months? | YES | NO | Not sure |

The EASI was developed* to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern. The EASI was validated* for asking by family practitioners of cognitively intact seniors seen in ambulatory settings.

*Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI) ©. Journal of Elder Abuse and Neglect 2008; 20(3) 000-000. In Press. Haworth Press Inc: <http://www.HaworthPress.com>

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Vulnerability to Abuse Screening Scale (VASS)

VULNERABILITY TO ABUSE SCREENING SCALE (VASS)

Purpose: To identify older women at risk of elder abuse through a self-report instrument.

Instructions: Questionnaire can be mailed to subjects with instructions to answer “yes” or “no”.

1. Are you afraid of anyone in your family? Yes ___ No ___
2. Has anyone close to you tried to hurt you or harm you recently? Yes ___ No ___
3. Has anyone close to you called you names or put you down or made you feel bad recently? Yes ___ No ___
4. Do you have enough privacy at home? Yes ___ No ___
5. Do you trust most of the people in your family? Yes ___ No ___
6. Can you take your own medication and get around by yourself? Yes ___ No ___
7. Are you sad or lonely often? Yes ___ No ___
8. Do you feel that nobody wants you around? Yes ___ No ___
9. Do you feel uncomfortable with anyone in your family? Yes ___ No ___
10. Does someone in your family make you stay in bed or tell you you're sick when you know you're not? Yes ___ No ___
11. Has anyone forced you to do things you didn't want to do? Yes ___ No ___
12. Has anyone taken things that belong to you without your OK? Yes ___ No ___

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Clinical Improvement Activities

- No longer weighted
- Continuous 90-day performance period
- Special status
 - Small practice
 - Non-patient facing
 - Rural
 - Health professional shortage area
 - One improvement activity
- Attest online

Improvement Activities - examples

- Behavioral/Mental Health and Substance Use Screening & Referral for Older Adults
- Collection and use of patient experience and satisfaction data on access
- Create and Implement an Anti-Racism Plan
- Depression screening
- Engagement of Patients, Family, and Caregivers in Developing a Plan of Care

Improvement Activities - examples (cont)

- Enhancements/regular updates to practice websites/tools that also include considerations for patients with cognitive disabilities
- Financial Navigation Program
- Implementation of fall screening and assessment programs
- Improved Practices that Engage Patients Pre-Visit
- Provide Education Opportunities for New Clinicians

Questions? <https://audiologyquality.org/>

